



Chemical Waste Pickup Request Form

Fermilab ID # _____ Name _____ Div/Sec _____ Ext. _____

Pager _____ Date _____ Location _____

No Radioactivity Added Certification: I certify that by process knowledge, survey, or analysis, the waste described on this form is not radioactive in accordance with Fermilab's release criteria. Signature: _____

Pickup # _____

(To be assigned by HCT Team)

Div / Sec
Coordinator Review

Sign _____ Date _____

Item Number	Number of Containers	Container Type	Container Capacity	Waste Description, Chemical Name or Trade Name	Generating Process																												
<div><div>Check the appropriate box: Used Oil <input type="checkbox"/> Special <input type="checkbox"/> Universal <input type="checkbox"/> Non Reg <input type="checkbox"/> RCRA <input type="checkbox"/> If RCRA, Enter RCRA ID# _____</div><div>Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Phase _____ Is this waste a D001 through D043 hazardous waste requiring a LDR Certification or analysis for underlying constituents? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, the generator must complete and attach an LDR Waste Certification Form (HWSF Form #8).</div><div><table><thead><tr><th>Tests Performed</th><th>Results</th><th>Date</th><th>Initial</th><th>MSDS#</th><th>Percent</th><th>Constituent/ Product Name</th></tr></thead><tbody><tr><td>pH</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Clor-N-Oil 50</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Clor-D-Tect 1000</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table></div><div>HCT TEAM ONLY _____ Stor Loc _____ Waste Vol</div></div>						Tests Performed	Results	Date	Initial	MSDS#	Percent	Constituent/ Product Name	pH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clor-N-Oil 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clor-D-Tect 1000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PICKUP CONFIRMATION: Item(s) _____ were placed in storage or shipped for disposal on _____ by _____

Comments

_____	_____
_____	_____
_____	_____
_____	_____